

LAST AVAILABLE COPY



MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						09827 993	04-05-01		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
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48									
49									
50									
TOTAL IND.	8								
TOTAL DEP.	39		↓	↓	↓	↓			
TOTAL CLAIMS	47								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS